



MONITORING OF GROWTH AND DEVELOPMENT OF THE CHILD: A COLLECTIVE ACTION FROM THE NURSING

O ACOMPANHAMENTO DO CRESCIMENTO E DO DESENVOLVIMENTO DA CRIANÇA: UMA AÇÃO COLETIVA DA ENFERMAGEM

EL SEGUIMIENTO DEL CRECIMIENTO Y DESARROLLO DEL NIÑO: UNA ACCIÓN COLECTIVA DE ENFERMERÍA

Polyanna Keitte Fernandes Gurgel¹, Isabel Cristina Araújo Brandão², Ana Dulce Batista Santos³, Akemi Iwata Monteiro⁴, Sheila Saint-Clair da Silva Teodósio⁵

ABSTRACT

Objective: report on the experience of implementing a proposal collective action from the Nursing for monitoring the Growth and Development (GD) **Method:** It is a descriptive study, typified as experience report, on the implementation of a proposal of collective action from Nursing for the collective monitoring of GD of children attended in the Family Health Unit of the neighbourhood of *Cidade Nova* (USFCN) in the city of Natal/RN, Brazil, being done through monthly meetings with parents / caregivers and children according to the area covered by the service. This study was approved by the Ethic Research Committee of the *Universidade Federal do Rio Grande do Norte* (CEP-UFRN), and with the final opinion nº 201/2009. **Results:** the work process of nurses experienced gains in pursuit of an educational practice and transforming the community. Parents and caregivers have access to learning new knowledge, exchange of experiences and assistance in home care through a new dynamic to make the health care of the child. **Conclusion:** the results show that parents / caregivers have become co-participants in the process of caring professional nurses, but without release the professionals of the commitment in the provision of care. **Descriptors:** nursing; growth and development; nursing care.

RESUMO

Objetivo: relatar sobre a experiência da implementação de uma proposta de ação coletiva da enfermagem para o acompanhamento do Crescimento e Desenvolvimento de crianças(CD). **Método:** estudo descritivo, tipo relato de experiência, sobre a implementação de uma proposta de ação da enfermagem para o acompanhamento coletivo do CD das crianças atendidas na Unidade de Saúde da Família de Cidade Nova (USFCN) no município de Natal-RN, Brasil, realizado por meio de reuniões mensais com pais/cuidadores e crianças de acordo com a área de abrangência do serviço. Este estudo teve o projeto de pesquisa aprovado pelo Comitê de Ética em Pesquisa da Universidade Federal do Rio Grande do Norte (CEP-UFRN), tendo com parecer final nº 201/2009. **Resultados:** o processo de trabalho do enfermeiro experimentou ganhos no exercício de uma práxis educativa e transformadora junto à comunidade. Pais e cuidadoras tiveram acesso à aprendizagem de novos conhecimentos, troca de experiências e auxílio nos cuidados domiciliários, através de uma nova dinâmica de fazer a atenção à saúde da criança. **Conclusão:** os resultados mostram que pais/cuidadores tornaram-se co-participantes do processo de cuidar, mas sem desobrigar as profissionais enfermeiras do compromisso na prestação do atendimento. **Descritores:** enfermagem; crescimento e desenvolvimento; assistência de enfermagem.

RESUMEN

Objetivo: Informar la experiencia de la aplicación de una propuesta de acción colectiva de enfermería para el control del crecimiento y desarrollo de niños. **Método:** Estudio descriptivo del tipo informe de experiencia sobre la propuesta citada en niños atendidos en la Unidad de Salud de la Familia de Cidade Nova (USFCN) en la municipalidad de Natal, RN, Brasil, realizado por intermedio de reuniones mensuales con padres/cuidadores y niños de acuerdo con el área abarcada por el servicio. El proyecto de este estudio fue aprobado por el Comité de Ética en Investigación de la Universidad Federal de Rio Grande do Norte (CEP-UFRN), con el dictamen 201/2009. **Resultados:** El proceso de trabajo de enfermeros tuvo beneficios en el ejercicio de una praxis educativa y transformadora junto a la comunidad. Padres y cuidadores tuvieron acceso al aprendizaje de nuevos conocimientos, intercambio de experiencias y ayuda en los cuidados domiciliarios, a través de una nueva dinámica para realizar la atención a la salud de los niños. **Conclusión:** Los resultados demuestran que padres/cuidadores se convirtieron en coparticipes del proceso de cuidar sin desobligar a los profesionales enfermeros del compromiso de prestar atendimento. **Descriptores:** enfermería; el crecimiento y el desarrollo; Cuidados de Enfermería.

¹Undergraduate Student of Nursing from *Universidade Federal do Rio Grande do Norte/UFRN*, Natal (RN), Brazil. Scholarship Student of PIBIC. E-mail: gurgelpkf@gmail.com; ²Nurse. Master's Student of Nursing from *Programa de Pós Graduação em Enfermagem da Universidade Federal do Rio Grande do Norte/PGENF-UFRN*, Natal (RN). E-mail: isabrandao_ab@hotmail.com; ³Nurse. Master's Student of Nursing from *Programa de Pós Graduação em Enfermagem da Universidade Federal do Rio Grande do Norte / PGENF-UFRN*, Natal (RN). Assistant Professor of the Collegiate of Nursing from *Universidade Federal do Vale do São Francisco*. E-mail: anadulcebs@yahoo.com.br; ⁴Nurse. PhD Professor of the Nursing Department and *Programa de Pós-Graduação em Enfermagem da Universidade Federal do Rio Grande do Norte / PGENF- UFRN*, Natal (RN). E-mail: akemiwata@hotmail.com; ⁵Nurse. Doctorate's Student of DINTER of Nursing - UFRN/UFSC. Professor of higher education - adjunct IV, of the Graduate Nursing Course from *Universidade Federal do Rio Grande do Norte/UFRN*, Natal (RN). E-mail: saintclairenf@gmail.com

INTRODUCTION

In Brazil, the primary actions aimed at child healthcare refer to the promotion of childish growth and development and prevention of diseases through the precepts related to health promotion and health surveillance.¹⁻²

The monitoring of Growth and Development (GD) of the child is characterized as an action of low technological complexity and high efficiency, configuring the central and integrating axis of health measures aimed at reducing morbidity and mortality, harm prevention, surveillance and health promotion to the childish population.³ In most services, monitoring is still performed through individual consultations, with the main focus on the biological, centered in the disease and guided by grievances, providing a low solvability in face of the efforts invested to their recovery.⁴

This model of attendance is characterized by the return of the children to subsequent consultations with regard to the same health problems presented earlier.⁴ In this context, the collective space is understood as an opportunity to change the individual care, which results in a *locus* that provides the collective production of knowledge, considering the socioeconomic, cultural and historical characteristic of the population.⁵

The monitoring of GD of the child and developed in group is provided in the "Commitment Schedule For Integral Health of the Child and Infant Mortality Reduction"⁶ and allows resizing the assistance and / or care while it breaks the biomedical model and allows investment in collective practices aimed at promoting health in schools, kindergartens, pre-schools and health units, without disregarding the medical clinic technique, and favoring the role of parents.⁴⁻⁷

This space opens the possibility of exchanging knowledge between parents / caregivers and health professionals in an interdisciplinary context, favoring the adherence and continuity of care by the users, as well as the strengthening of Primary Care and valuation of professionals who participate on it.⁶

Thus, monitoring of GD the child performed through a collective approach enables the individuals involved identifying the effectiveness and adherence to the conducts, as well as appropriated referrals adopted by the experiences of other group members.

Given the above, this study aims to report on the experience of implementing of a

propose of coleective action from the Nursing for monitoring the growth and development of children.

METHOD

It is a descriptive study, typified as experience report, on the implementation of a proposal of collective action from Nursing for the collective monitoring of GD of children attended in the Family Health Unit of the neighbourhood of *Cidade Nova* in the city of Natal/RN, Brazil, (USFCN), during the course of research project << **Growing and Developing: a research - action**>>, funded by the Brazilian National Council for Scientific and Technological Development - *Conselho Nacional de Desenvolvimento Científico e Tecnológico* - CNPq, by means of the Notice MCT / CNPq N° 014/2008 - Universal, started in the year of 2008.

The USFCN is located in the neighborhood of Cidade Nova, in the city of Natal / RN, and hosts four teams of the Family Health Strategy - *Estratégia Saúde da Família* (ESF). Together, the teams attend a population of 16.742 residents, among them, there are 1364 children aged 0 to 4 years, which corresponds to 8.23% of the total population.

After planning meetings for the preparation of schedules and strategies to meet the group has been implemented in the auditorium of USFCN with the participation of four nurses, each one belonging to their respective team of the ESF; two teachers, two master students and five academics of Nursing Graduate Course of the *Universidade Federal Rio Grande do Norte* (UFRN).

According to the schedule established, mothers / parents / caregivers came with children to the USFCN to participate in the collective action. The beginning of the activities took place in February 2010 with the execution of a meeting for enrolled area, with four groups monthly. The first meetings took place on Fridays at morning in the situation room and studies.

This study had its research project approved by the Ethics Research Committee of the *Universidade Federal do Rio Grande do Norte* (CEP-UFRN), and it had the final opinion n° 201/2009. All participants of the meetings signed a Free and Informed Consent Form (FICF), allowing consent for recording the sessions in audio format for supporting the data analysis.

RESULTS

Before the implementation of the collective monitoring of GD, child care

occurred individually in USFCN. In the days determined by the timing unit, normally a weekly shift for each enrolled area, were treated between 10 and 12 children previously scheduled.

Besides many days of waiting there were long queues in the days of consultation, which for some mothers could be extended to four hours, in a space that provided no comfort to these caregivers. Moreover, due to this form of organization of care, many mothers did not have the opportunity to discuss their opinions and doubts with professionals due to the short time allocated to the consultations.

Before such problems faced by professionals and users in the USFCN, the collective monitoring of GD of the child was conceived as a systematic proposal of care, based on the educational principles of Paulo Freire, which is characterized as promoter of dialogue and reflection among subjects involved, caregivers and professionals, starting with the reality of the subjects in child care. Thus, it was intended from the collective constructions, beyond of monitoring the GD of the child, qualifying the parents / caregivers to handle the daily care of the health-disease process of their children.

During the collective monitoring, parents / caregivers were encouraged to participate directly in the care of their children, particularly, with regard to actions focused on learning about performance of anthropometric measurements, such as: weighing, measuring of height and head circumference, chest and abdominal, besides learn to identify key milestones of physical, neurological and psychosocial of these individuals; also, measures like lifting the history, physical examination, assessment of growth and development, conduct, and CSC notes in the medical record, as well as referrals, when necessary, were done by the professionals of this service, researchers and graduate students involved in the action. After each group meeting, there was a discussion between caregivers and nurses for the planning of subsequent actions.

One difficulty experienced at the beginning of developing of the proposal was related to the provision of a physical space suitable for execution of the meetings, since USFCN had only one free room of approximately 12m².

For performing the collective attendance, the space was previously prepared with mats arranged in a circle on the floor. The aim was to enable the viewing of all participants equitably and, thus, the involvement of parents / caregivers in that action. Moreover,

the environment had equipment such as rulers, tape measure, digital scale, slate and doll for demonstration by the facilitators of the groups (nurses, master students and undergraduate students). The parents / caregivers were welcomed by the nurses who showed that know them, calling them by name. After the accommodation of all the mats, facilitators requested the identification of everyone present in that room. The binomial caregiver-child was recorded on a whiteboard and, then, the proposal of collective action was clarified, as described in the speech below:

In the area where you live, in previous years, we were doing a meeting with all mothers, different from that one performed in the room, one child in turn. We will do the same things and even enjoy better time at the moment, because you will participate more actively than there. There, we ask much and you stay just responding. Now we will distribute this work a little too, and so you can follow more your child's growth.
(Nurse 3)

One of the facilitators of the meeting, following the initial explanation of what would be the collective attendance, addressed questions to caregivers, seeking to establish dialogue, raise the current health condition of the child and foster a discussion in the group, since in that time not only the health-disease of the child was considered, but all aspects that surround this process..

During the parental reports the basic information about the health status of the child were recorded on a whiteboard beside of the corresponding name. Through the question "how is your child?" One could infer questions about feeding, sleep, bowel and bladder elimination, and anthropometric measurements.

As part of the initial evaluation, one of the first issues addressed by participants was regarding to feeding of the children, the statements below illustrate moments of sharing among caregivers, particularly, with regard to the practice of exclusive breastfeeding, as can be seen in the following speeches:

I think it avoids a lot of disease in the child, because my daughter sucked me until 3 years of age and rarely gets sick. (Caregiver 18).

I just had the experience of being father [...]. But I have a feeling that breastfeeding, besides you are passing antibodies to the child, you are sending health; the mother is feeling like a true mother. Because she is realizing that life needs her. When the mother has the gesture

of taking the child, lie on her chest and see that the child is pulling, is sucking something that comes from herself, you are being the main source of feeding to that child; it is above all a joy for the mother, a great happiness. She is realizing herself, she is really feeling mother. (Caregiver 19).

Breastfeeding has a protective effect on child's health; since it passes ready antibodies from the mother to the child, which will provide means to enable the child become more resilient.⁸

After discussions regarding the current status of the child, there was a brief reading of CSC, more specifically to present the available information and point out where the information collected in the group should be completed by caregivers, as reported in the speech below:

Already flick through the card? We know that in the beginning there is the identification of the child and, if you want, even put up a photo of the baby. It is good to be careful, because this card will serve until the child becomes a teenager and in the adult phase, because these vaccines will be utilized in other ages [...]. This card comes complete with all the information, the rights of parents and children, birth conditions of the child, the place for noting the outcome of the Guthrie test. It talks about breastfeeding, the early days of life. [...] And, arriving there in front, it discusses on the development of the baby by age group. At what age does he do it? (Nurse 1).

At the moment the discussion on the CSC reached the vaccine framework, the caregivers were encouraged to discuss about the vaccines that their children had received; which they would receive; diseases that were being prevented by the act of vaccination; as well as adverse events and the knowledge that mothers already had.

In order to involve parents in the activities of monitoring the child, they were encouraged to perform a few steps of the physical examination. This exercise was preceded by conduction with a model dummy of measurement procedures, with the help of nursing academics that were participating in the action.

After the physical examination, the meeting was continued with the record of parameters of the growth and development in the passbooks of children. In that moment, each caregiver received a graphite pencil to fill the graphics of weight, head circumference, chest, and abdominal, height in CSC with data found. It is important to note that in each meeting facilitators responsible for continuity of care explained each graphic,

pointing out to the normal values, as well as for those who were below or above the desired pattern.

It was found that the stimulation of participation of caregivers was an opportune time for the development of prevention actions and health promotion, to stimulate interaction that should exist between parents and children, for early detection of signs and symptoms of the diseases prevalent in the childhood, cancer in children and young, and how the mother should act, if the child has any general sign of danger.

The inclusion of carers in the process of monitoring of GD of the child awakened in some of them the desire to seek knowledge to take better care of their children. Such initiative could be expressed through some attitudes perceived in the caregivers; we could cite the annotation of intercurrents that had happened to their children during the month, so that they were a source of discussion in subsequent meetings.

During the meetings it could raise barriers related to the overcoming of curative medical model of care from the part of users. They went on to become absent to the meetings or go out from meetings before the end. The persistence of non-attendance was attributed to the individual clinical biological health model / medicalizing, yet infused at conception on health from the people.

Given this reality, it was adopted in the health unit, with the support of the nurses of this service, the collective monitoring of GD of children, alternating them with individual consultations. This strategy was adopted as a way to satisfy the desire of users to have access to individualized moments.

DISCUSSION

This attitude represents a proposal instituting of new relationships between individuals and society, since their actions are designed in the becoming, in the future anticipated by the imaginary construction of the desired transformations. In this perspective, the collective monitoring of GD of children approaches the caregivers to the health model guided by the health promotion and disease prevention.

The collective monitoring of GD is aimed at actions directed to the promotion of the child's health, giving a new approach in communicating with individuals involved, privileging the hosting, listening and particularities of life context of each family, since the bond between health professionals / caregivers enables the development of

autonomy and citizenship, promoting their participation throughout the process.⁹

The actions of health education are the main form of interaction and stimulation to the participation of individuals, by providing a space of integration between the knowledge of parents / caregivers and knowledge of health professionals, that is to say, the scientific and the popular. In these interventions the actions taken by nursing were highlighted.¹⁰

As strengths and transforming elements of these practices, we should cite the care and communication in the constitution of other ways to enable health care, in the nursing field and, especially, when it brings attention to family health, since it is important to know the values and interests of each caregiver, taking into account their peculiarities and particularities.¹¹

It is believed that in the integral care of child it is relevant to observe the social, economic and cultural circumstances, in which the child is inserted, highlighting the role of the family, since children in this age group rely on their care.¹²

For this reason, during the implementation of the proposal took into consideration the individual report of each caregiver, because, despite the work being done in group, there were information and peculiarities which could not be resolved in the collective space and that need referrals, according to need of the case.

Within the discussions and behaviors in the child care, it should stresses that there must be effort by professionals, so they can qualify the mothers on the benefits of breastfeeding.¹³ These professionals need to realize their importance as an adjunct and accomplice of the woman-mother during the postpartum and lactation, through listening and providing the information and guidance necessary for the nursing mother.¹⁴

In these actions the practice of dialogue and sharing of experiences between different caregivers and health professionals in the group is like a source of bonding. Communication becomes a tool of persuasion - several times better - most significantly in relation to health practices than the guidelines provided by professionals, since in that time it establishes a relationship of equality between types of knowledge which can generate changes in practices and attitudes between communicator and communicated.¹⁵⁻⁶

Like example, we can cite the manifest desire of one of the mothers to return to

exclusive breastfeeding, when she realized the successful experiences of other caregivers with this practice. This report highlights the social role of Nursing through a collective process of communion of thoughts, which enables individuals to get fundamental knowledge in the critical construction of their presence in the world.¹⁵

The valorization of the participation of parents / caregivers in the monitoring of children is a way to approach them, which facilitates the execution of care to be continued, later, at home, when necessary.¹⁶

Family involvement in child care and in activities for health promotion developed by the services makes a strategic action, established in the schedule of commitments for the integral health of child and reducing child mortality, which needs to understand access to information about care and health problems of the child.⁶ In the development of monitoring of collective GD, it should try to corroborate this principle, involving the caregiver in actions aimed at child's health.

However, in primary care services yet there is a strong influence of the biomedical model in the form of acting from professionals and users. This model is characterized by emphasis on mechanism, reinforcing the "*biologicism*", reflecting the formation of knowledge and health practices as if the human body were a machine. This culminates in a service geared only to complaints, in which aspects of completeness in health care are often listed in the background.¹⁷

In this sense, the presence or absence of disease is linked to the mind of the users through a "public image of the human body - forcibly imposed by the content of television programs and, especially, by advertising - that is of a machine prone to constant malfunction, if not supervised by doctors and treated with medicinal drugs".¹⁸

For that this reality to acquire other connotations, it is necessary to initiate processes of reform of thoughts that begin through small actions, mostly of marginal and deviant character.¹⁸

The practices of collective actions begin this process of reform when it unlinks some of the factors of the biomedical model and scenario begins to be modified, bringing up other dimensions of life related to health promotion. For this purpose, there is now a growing adherence to group activities and its importance is becoming increasingly recognized.²⁰

It is understood, therefore, that the paradigm shift is a slow process and requires

the persistence of the people who are on it, after all the building of bridges with the community and with each one individual is not performed immediately. The implementation of an idea does not always allow the individual to take ownership of it quickly, almost always it is necessary to share and rebuild in order to progress in the action all the time.²¹

FINAL CONSIDERATIONS

The report of this experience sought to present, in a concise form, the implementation of collective monitoring of GD of the child, as collective action of Nursing, in UBSFCN in the city of Natal / RN (Brazil).

Some difficulties found were linked to the traditionalism of the practices of the biomedical model / individualized / ruled on complaints, which still is adopted by most professionals and caregivers, resulting in a fragmented and traditional care, which can be alleviated through investments in research and the continuing education of nursing professionals.

It was visible the involvement of caregivers in the new making of monitoring of GD of the child, a factor that allowed them for performing procedures such as anthropometric measurement and filling of passbook on the child's health, making them co-participants in the process of care, but without release the professionals of the commitment in the provision of care.

We note that, with this strategy of collective monitoring, the process of work of nurses in primary care to the child experienced had gains in the exercise of a transformative and educational praxis and in the meantime the health-disease process in the community. What allowed caregivers to learning new knowledge, exchange experiences, the help in the home care, through a new dynamic of doing the attention to the child's health and its family.

In this sense, one can consider the collective space for the monitoring of GD as a methodology of care from the Nursing that meets the principle of completeness. This methodology favors prevention and health promotion in collective ambit, which can help to break with the biomedical model, and the raise the valorization of the humanized care, thus, ensuring, full attention to the child. Moreover, it favors the true teamwork that encourages the exchange of experiences and socialization between the popular and the scientific knowledge, enabling the mothers to

take a supportive and participative leadership.

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Submission: 2012/06/23

Accepted: 2012/03/27

Publishing: 2013/02/01

Corresponding Address

Akemi Iwata Monteiro
Rua Professor Adolfo Ramires, 2069
Bairro Capim Macio
CEP: 59078-460 – Natal (RN), Brazil